

2007

Medical Plan

Information

Department of Administration • Health Care and Benefits Division

PO Box 200130 • Helena MT • 59620-0130

1-800-287-8266 or 444-7462 in Helena

www.benefits.mt.gov

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinfontmt.com

MEDICAL RATES

Monthly/Per Paycheck Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$526/\$263	\$508/\$254	\$438/\$219	\$418/\$209
Employee & spouse	\$698/\$349	\$668/\$334	\$586/\$293	\$564/\$282
Employee & children	\$652/\$326	\$626/\$313	\$550/\$275	\$528/\$264
Employee & family	\$726/\$363	\$696/\$348	\$610/\$305	\$586/\$293
Joint Core	\$580/\$290	\$548/\$274	\$476/\$238	\$454/\$227

MEDICAL PLAN COSTS

Annual Deductible*
(Applies to all services with a coinsurance percentage unless otherwise noted or a co-payment is indicated)

Coinsurance Percentages (% of allowed charges member pays)
General
Preferred Facility Services *(See pages 36-37 for a list of preferred facilities)*
Nonpreferred Facility Services *(See page 36 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums*
(Maximum coinsurance paid in the year; excludes deductibles and copayments)

MEDICAL PLAN SERVICES

Hospital Services
(Inpatient services must be certified. Pre-certification is strongly recommended.)

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

BENEFIT YEAR 2007

NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Retiree	\$526	\$508	\$438	\$418
Retiree & spouse	\$698	\$668	\$586	\$564
Retiree & children	\$652	\$626	\$550	\$528
Retiree & family	\$726	\$696	\$610	\$586
Retiree & Medicare spouse	\$610	\$586	\$496	\$496
Retiree & Medicare spouse and child	\$638	\$612	\$520	\$516

MEDICARE MEDICAL RATES (age 65+)

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Medicare retiree	\$186	\$168	\$146	\$144
Medicare retiree & spouse	\$394	\$344	\$306	\$312
Medicare retiree & children	\$334	\$292	\$262	\$266
Medicare retiree & family	\$416	\$360	\$320	\$326
Medicare retiree & Medicare spouse	\$346	\$302	\$268	\$274
Medicare retiree & Medicare spouse & family	\$382	\$332	\$294	\$300

TRADITIONAL PLAN

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT
 NEW WEST - Administered by New West Health Plan
 PEAK - Administered by Peak Health Plan

Administered by BCBS

In-Network Benefits

Out-of-Network Benefits

\$550/Member
\$1,650/Family

\$400/Member
\$800/Family

Separate \$500/Member
Separate \$1,000/Family

25%
20%
35%

25%

35%

Average of \$2,500/Member
(20% - 35% of \$10,000 in allowable charges)

\$2,000/Member
\$4,000/Family

Separate \$2,000/Member
Separate \$4,000/Family

Average of \$5,000/Family
(20% - 35% of \$20,000 in allowable charges)

***You pay deductible and coinsurance on allowable charges only (see Glossary on page 6).**

Member Coinsurance:

Member Coinsurance/Copayment:

Member Coinsurance:

20% - 35%

25%

35%

20% - 25%

25%

35%

20% - 25%

25%

35%

20% - 35%

25%

35%

20% - 35%

25%

35%

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN COSTS

Physician Services

Office Visits

Inpatient Physician Services

Lab/Ancillary/Miscellaneous Charges

Emergency Services

Ambulance Services for Medical Emergency

Emergency Room

Hospital Charges

Professional Charges

Urgent Care Services

Facility/Professional Charges

Lab & Diagnostic Charges

Maternity Services

Hospital Charges

Physician Charges

Prenatal Office Visits

Routine Newborn Care

Inpatient Hospital Charges

Preventive Services

Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

Mental Health Services

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)
Max: One inpatient day may be exchanged for two partial hospital days.

Outpatient Services

With EAP counselor referral

With NO EAP counselor referral

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (only includes basic preventive labs)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for routine office visits	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram	35% (plan pays \$75.00 for mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible)	\$15 with office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35% Max: 30 visits (No max for severe conditions)

ANNUAL BENEFIT PLAN SUMMARY

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MEDICAL PLAN COSTS

Chemical Dependency

Inpatient Services*

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services*

With EAP counselor referral

With NO EAP counselor referral

*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services

Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

Inpatient Services

(Inpatient services must be certified. Pre-certification is strongly recommended.)

Outpatient Services

Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

Extended Care Services *(Physician ordered/prior authorization recommended)*

Home Health Care

Hospice

Skilled Nursing

Miscellaneous Services

Dietary/Nutritional Counseling

(When medically necessary and physician ordered)

Durable Medical Equipment, Appliances, and Orthotics

(Prior authorization required for amounts >\$1,000)

PKU Supplies

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

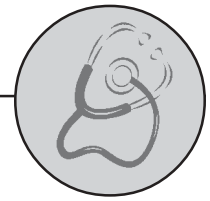
Transplant Services

Lifetime Maximums:

BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
^{25%} Max: 40 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
^{50%} Max: 20 visits and Dollar Limit*	^{\$15/visit} Max: Dollar Limit*	^{35%} Max: Dollar Limit*
20% - 35% Max: 60 days	^{25%} Max: 60 days	^{35%} Max: 60 days
^{20% - 35%} Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
^{25% (plus charges over \$30/visit)} Max: 25 visits in any combination	^{\$15/visit} Max: 20 visits	^{35%} Max: 20 visits
^{25%} Max: 70 days	^{\$15/visit} Max: 30 visits	^{35%} Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	^{25%} Max: 6 months	^{35%} Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	^{25%} Max: 30 days	^{35%} Max: 30 days
20% - 35% Max: \$250	\$15/visit	35%
^{25%} Max: \$100 for foot orthotics (per foot)	^{25% (Not applied to out-of-pocket max)} Max: \$100 for foot orthotics (per foot)	^{35%} Max: \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum 	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

MEDICAL INSURANCE PLANS - 2007



Administered by:
Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com
New West Health Plan • 1-800-290-3657 or 457-2200 • www.newwesthealth.com
Peak Health • 1-866-368-7325 • www.healthinphonetmt.com



CLICK ON IT!

Learn more about your insurance administrator's participating providers by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinphonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) of the State Benefit Plan are eligible for the Medical Insurance Plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package.

HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's costs, deductibles and services in the Benefits Summary, starting on page 8.
3. Review your typical health care needs compared with the benefit structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 33-35, along with the provider directories beginning on page 38.
5. Determine which plan will work best for your family.
6. If you choose to change plans for the 2007 benefit year, indicate your choice on the Individual Benefit Statement or on-line as indicated on page 4.

GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full

payment. **Please verify a provider is currently participating by calling BCBS or checking their website.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 36 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. You can check to see if your current Primary Care Physician (PCP) is a member of the plan's network providers beginning on page 38, however you do not need to indicate your PCP to enroll in a managed care plan. For a complete listing of all in-network providers including specialists, check the plan administrator's

website or call their Customer Service number. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations **are** required to see an out-of-network specialist and still receive the plan's in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Office Visit Copayments/Labs

Beginning in 2007, the office visit copayment will only include labs if they are considered preventive as further described on page 10.

Major Plan Differences

The major difference in the managed care plans is the process for referrals/authorizations.

To obtain an authorization to see an out-of-network provider from the New

West plan, the member must contact New West directly.

Referrals for the Blue Choice and Peak Health plans are obtained through your Primary Care Provider.

Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 33-35 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre and Libby.

New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

IMPORTANT!
BCBS providers for the Traditional plan are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

WORKING FAMILIES TAX RELIEF ACT (WFTRA)

WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done through the completion of a *Declaration of Tax Status Form*.

WHO IS AFFECTED

All current employees who cover dependents on medical, dental, or vision coverage. Retirees and employees who do not cover dependents are not affected.

REQUIRED FORM

Employees with covered dependents received the *Declaration of Dependent Tax Status Form* with the other Annual Change materials. **This form must be completed and returned to the Health Care and Benefits Division by October 16, 2006** for the appropriate tax application of benefits for the 2007 plan year.

COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner)

State of Montana
Health Care and Benefits Division
PO Box 200227
Helena MT 59620
1-800-257-6886
444-7400 (in Helena)

DECLARATION OF TAX STATUS

The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment before or after tax to benefits for every family member currently enrolled in medical, dental, or vision benefits. Therefore, it is important that you provide the tax status of each person enrolled. The qualification of those individuals as your spouse and/or dependent for tax purposes does not affect their eligibility for medical, dental or vision plans, but does impact the tax treatment of that coverage. The attached flowcharts are provided to assist you in determining and verifying the tax status of your family members.

Listed below is every person currently enrolled in medical, dental or vision benefits as of 09/06/2006. Check one of the two boxes below each name and return this form to the address above by 06/16/2006. If you do not check a box or respond by the deadline, premium contributions for those persons will be taken on an after-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for those persons will be added to your taxable income. The attached flowcharts provide the most complete overview of the tax rules possible; however, given the complexity of those rules, we recommend that you consult your tax advisor regarding your specific circumstances.

Spouse

- ☐ Yes, this person is my Spouse for tax purposes.
☐ No, this person is not my Spouse for tax purposes.

Child

- ☐ Yes, this person is my Child for tax purposes.
☐ No, this person is not my Child for tax purposes.

Other

- ☐ Yes, this person is my Other for tax purposes.
☐ No, this person is not my Other for tax purposes.

outlining the IRS rules applicable to each of your dependents are also provided for you.

TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your tax treatment will not change.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income.

If the form is not returned, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.